

09-12-88

SHIPPER 20105

Department of Health Services
Toxic Substances Control Division
Sacramento, California

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.
CAX 000 036 483

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address
PARA PLATE

15910 SHOEMAKER., CERRITOS, CA 90701

4. Generator's Phone (213) 404-3434

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number

CAD 042 245 001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD

WHITTIER, CA 90602

10. US EPA ID Number

CAD 042 245 001

A. State Manifest Document Number

87119180

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (213) 698-0991

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAD 042 245 001

H. Facility's Phone

(213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE ORM-A N.O.S NA 1693 ORM-A
(FLEXOSOLVNET)

12. Containers
No. Type

03
002 DM

13. Total
Quantity

210090

14. Unit
Wt./Vol

G

1. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

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GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ALBERT KOIKE

Signature

Albert Koike

Month Day Year

01/20/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert J. Cirigliano

Signature

Robert J. Cirigliano

Month Day Year

01/20/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

01/20/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

FACILITY